

COMMAND INFECTION CONTROL POLICIES STATEMENT AND ACKNOWLEDGMENT OF
TRAINING FOR NEW STAFF MEMBERS

1. Current Bureau of Medicine Instruction 6600 series and current 1st DENBN/NDCCPINST 6600 series constitute the Command's Exposure Plan, popularly known as the "Dental Infection Control Manual". The purpose of these instructions is to establish policy that will help both dental staff personnel and patients from infectious diseases that can be spread by saliva, blood, bacterial plaque, water droplet splatter and aerosols.

Among the infectious diseases that you and your patient could acquire or transmit in the course of dental treatment are tuberculosis, hepatitis, staph, and strep infections, herpes, AIDS, venereal disease, flu, and other upper respiratory tract viral and bacterial infections.

Because all sick or infected patients cannot be readily identified, it is important that you take every precaution to avoid unknowingly spreading infection in the dental office. Adherence to the mandates found in the Command Infection Control Manual will help protect you and your patients from serious disease.

COMMAND INFECTION CONTROL POLICIES include the following:

a. All dental staff personnel within the command who may have either direct or indirect contact with a patient's blood and saliva will receive the hepatitis B vaccine immunization series. This will include clinical staff, civilian employees (civil service and contract), volunteers, dental laboratory, and dental repair personnel and students.

b. Patients suspected of having hepatitis or other infectious diseases will be promptly referred to the nearest medical treatment facility for evaluation prior to initiating any routine dental treatment.

c. All staff personnel, involved in patient care will employ barrier techniques by wearing gloves, face masks and eye protection for all patient contact during DTR disinfection between patients. The Command will furnish and launder "scrub type" tops and bottoms and gown cover-ups. The scrubs and cover-ups will be changed at the end of the day or when visibly soiled prior to the end of the day. Shoes worn with full scrubs will be washable (cleanable) plain type shoe, leather or plastic, not to be taken home at night unless worn with booties which are discarded at the end of the day.

d. Aerosols in the work environment present a significant health hazard for both the dental staff and the patient. The following will reduce the microbial concentration of oral flora and/or decrease the infectivity of an aerosol: having patients brush their teeth or rinse with an antimicrobial mouthwash prior to receiving treatment; flushing the dental unit and handpiece water lines at the start of the morning at least 1 minute and after patient treatment for at least 30 seconds, and using a rubber dam whenever possible with high volume evacuators during all procedures generating aerosols. Face masks and eye protection will help protect the dental staff from generated aerosols.

e. The command insists that the dental staff observe a standard protocol for decontamination and preparation of dental treatment operatories between patients to prevent the transmission of infection. All surfaces that may have been contaminated with a patient's blood, saliva, or with aerosol sprays or splatters must be disinfected. This includes the dental chair, unit control buttons, light, countertops and other exposed work surfaces. An approved disinfectant solution is sprayed on these items. The surfaces are then wiped off with a paper towel to remove all debris and particulate matter. The surfaces are then re-sprayed which usually disinfects after 10 minutes contact time. Check manufacturers directions. Difficult to disinfect areas may be covered with a clear plastic sheet and changed after each patient. These areas are then thoroughly disinfected at the end of the day and re-covered. Covered areas on a dental unit signifies that the unit has been disinfected.

f. Handwashing is considered one of the most important procedures for preventing the transmission of clinic-borne infections. Hands must always be washed prior to gloving, after degloving, after touching any object likely to be contaminated by blood, saliva, or other body fluids, and before leaving the dental treatment room. An ideal antimicrobial surgical soap is Chlorhexidine Gluconate or Povidone Iodine as an alternative.

g. The command is extremely concerned about protecting the health of personnel who might suffer a needlestick, cut or puncture from a contaminated instrument or mucous membrane contamination. If you should suffer such an injury, you must not hide this fact. You must report this occurrence to your immediate supervisor. Certain tests and other measures must be undertaken immediately to protect your health. Details of these measures are found in the command's infection control instruction.

h. The previous paragraphs highlight just a few of the important features of the Dental Infection Control Manual. You will find copies at each branch dental clinic in this command. It covers many specific areas including; universal precautions; handwashing sterilization and disinfection; infection control in prosthetic operatories and laboratories; x-ray facilities; central sterilization rooms; odontogenic infections; waste management; inspections; training and many pertinent topics to be aware of in order to protect your health and that of the patients entrusted to your care. On going education in infection control will be provided.

2. Infection control in dentistry is a very serious matter and is receiving the highest priority in the profession today. Therefore, all members of the command must be trained in infection control prior to performing any direct patient care or ancillary functions to patient care.

I HAVE RECEIVED TRAINING IN INFECTION CONTROL.

I AM RESPONSIBLE FOR UNDERSTANDING THE MATERIAL CONTAINED IN THE CURRENT 1ST DENBN/NDCCP 6000 SERIES DEALING WITH "DENTAL INFECTION CONTROL" AND WILL ADHERE TO COMMAND POLICIES SET FORTH THERIN.

PRINTED NAME _____ RANK/RATE _____

SIGNATURE _____

DATE _____

Branch Clinic Director/Branch Clinic Infection Control Officer

Signature _____ Date _____

*** FORWARD THIS FORM TO THE COMMAND OR COMPANY TRAINING OFFICER ***